



1353 W 2nd Street Taylor, TX 76574
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Fax: 512.853.4077 order@taylorcraftdoor.com

Payment Authorization

TaylorCraft Cabinet Door Company offers several payment options. Please fill in your contact information below and choose one payment method. Then choose one time or recurring authorization and complete the corresponding sections. To establish a credit line with TaylorCraft, please request an Open Account Application. As always, we appreciate your business and look forward to serving you.

Billing Contact Information - Please Print

Company Name _____

Contact Name: _____ Phone #: _____

1. Choose Payment Method

Credit Card

Credit Card Type (Check one): Visa Master Card American Express Discover

Name on Card: _____

Credit Card Billing Address: _____

City/State/Zip: _____

Credit Card #: _____

Expiration Date #: _____ Verification #: (3#s on back of Visa/MC/Discover, 4#s on front of Amex) _____

Does your credit card have a daily limit? Yes Daily Limit Amount \$ _____ No

ACH (Available after first order)

Bank Name: _____ Check #: _____

Account #: _____ Routing #: _____

2. Choose One-Time or Recurring Payment Authorization

One Time Payment Authorization

I (we) hereby authorize TaylorCraft Cabinet Door Company to charge the above listed credit card, or process the ACH payment for goods and/or services in the amount of the total shown hereon. I (we) also agree to perform the obligations set forth in the Cardholder's agreement with the issuer. I(we) understand TaylorCraft will charge a \$30 insufficient funds fee for each ACH payment with insufficient funds. Upon receipt of one-time payment authorization, quoted job will be placed into production.

TaylorCraft Quote #: _____ Total Job Amount: \$ _____

Recurring Payment Authorization (attach copy of voided check)

I (we) hereby authorize TaylorCraft Cabinet Door Company to make recurring charges to the above listed credit card, or process the ACH payment for goods and/or services each time an order is placed and if necessary, initiate adjustments for any transactions credited/debited in error, effective on the date filled in above. This authority will remain in effect until TaylorCraft Cabinet Door Company is notified by me (us) in writing to cancel it in such time as to afford TaylorCraft Cabinet Door Company and Credit Card Company or Bank a reasonable opportunity to act on it. I (we) also agree to perform the obligations set forth in the Cardholder's agreement with the issuer. I(we) understand TaylorCraft will charge a \$30 insufficient funds fee for each returned check/ACH payment with insufficient funds.

Signature: _____ Date: _____

Print Name: _____ Title: _____

I (we) hereby certify that the above information is correct and authorize the above selected payment method and terms.

I (we) understand our bank statement is our receipt.